

City of Santa Barbara Affordable Housing Lottery Pre-Application – PASEO CHAPALA

Applicants will be disqualified immediately if program qualifications are not met or if intentional discrepancies are noted.

PRIMARY APPLICANT

Please Print Clearly

Name: _____
First MI Last

Address _____

Attach full copy of current Lease / Rental agreement

Previous Address** _____

**relocated Bermant tenants attach full copy of previous lease agreement

Phone/Cell: (____) _____ Work: (____) _____ Email: _____

_____/_____/_____ Marital Status _____
Social Security Number Birth Date

Household Type (please circle the most accurate)

1. Female headed single parent household 2. Male headed single parent household 3. Single adult
4. Two or more unrelated adults 5. Married with children 6. Married without children 7. Other _____

Family/Household Size: _____ How many dependents under age 18 _____

Are there non-dependents who will be living in the home? Yes No If yes, list below:

Relationship Age Relationship Age

Total Annual Family or Household Income: \$ _____

CO-APPLICANT

Please Print Clearly

Name: _____
First MI Last

Address _____

Attach full copy of current Lease / Rental agreement

Previous Address** _____

**relocated Bermant tenants attach full copy of previous lease agreement

Phone/Cell#: (____) _____ Work: (____) _____ Email: _____

_____/_____/_____ Marital Status _____
Social Security Number Birth Date

Relationship to Primary Applicant _____

PRIMARY APPLICANT EMPLOYMENT — Last 2 Years

Please Print Clearly

Primary Employer:

Street City State Zip Code

Phone: (____) _____ Contact Person _____

Gross Monthly Income (before any deductions): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

Continue listing current employers on a separate sheet of paper.

CO-APPLICANT EMPLOYMENT — Last 2 Years*Please Print Clearly***Primary Employer:**

Street _____ City _____ State _____ Zip Code _____
 Phone: (_____) _____ — _____ Contact Person _____

Gross Monthly Income (before any deductions): \$ _____

Is this amount paid _____ hourly _____ weekly _____ every two weeks _____ twice a month _____ monthly?

Continue listing current employers on a separate sheet of paper.

INCOME*Please Print Clearly*

<i>Type of Income</i>	<i>APPLICANT Monthly Amount</i>	<i>CO-APPLICANT Monthly Amount</i>	
Salary			
Alimony/Child Support			
Rental Income			
Social Security			
Pension Income			
Public Assistance			
Self-employment Income			
Dependent SSI Income			
Disability Income			
Other Employment			

LIABILITIES/DEBT

Please list any debts you have, including credit cards, auto loans, student loans, and child-care expenses. Do NOT include rent or utilities.

<i>Paid To</i>	<i>Current Balance</i>	<i>Monthly Payment</i>	<i>Who's Debt? A=Applicant C=Co-Applicant B=Both</i>	
1.				
2.				
3.				
4.				
5.				
6.				

Please use additional sheets if necessary.

ASSETS/SAVINGS/INVESTMENTS*Please Print Clearly*

Please list the approximate value of the following:

	<i>APPLICANT</i>	<i>CO-APPLICANT</i>	
Checking account			
Savings account			
Auto			
Certificates of Deposit / Securities			
Retirement account			
Other Assets			

ADDITIONAL INCOME/GIFTS

Are you about to receive additional funds (e.g., tax refunds, property sales, Gift)? (circle) Yes No

If yes, how much? \$_____ Source? _____

LIVING EXPENSES

	<i>APPLICANT</i>	<i>CO-APPLICANT</i>	
Current monthly rent			
Electric/Gas/Solid Waste			
Telephone			
Cellular/Pager			
Cable/Satellite TV			
Other Living Expenses			

ADDITIONAL INFORMATION

CASH DOWN PAYMENT \$_____ APPROXIMATE LOAN \$_____

AUTHORIZATION/CERTIFICATION

The undersigned certifies and declares under penalty of perjury that information provided herein is true and complete. All information entered on this application will be verified prior to a housing award being granted to confirm compliance with the City's affordable housing policies. Verification of income, residency, loan and assets will be determined through a subsequent formal qualification process including, but not limited to, tax returns, bank accounts, earnings statements, residence and employment history, and title searches. Any discrepancies or misrepresentations will be cause for rejection of application and will constitute a default under the City's affordability policies, even if discovered after a purchase has been completed. In connection with this application for housing, the City may procure a screening report from LexisNexis Screening Solutions as part of the process of qualifying candidate for housing award. Consent is granted by applicant to procure such report. In the event that information from the report is utilized in whole or in part in making an adverse decision, applicant will be provided a copy of the report and a description in writing of applicant's rights under the federal Fair Credit Reporting Act.

By signing below, consent is granted to the City to use and verify all information provided herein or subsequently submitted by applicant. Information contained herein will not be disclosed outside the Agency except as required and permitted by law. The undersigned further certifies and acknowledges the following:

- I have received a copy of the Affordable Housing Covenant "Grant of Preemptive Right: Resale Restriction Covenant and Option To Purchase" (GPR)
- I do not own or have an ownership interest in any residential real estate. Current owners of City affordable units may submit application (see information package for details)
- I will provide all necessary income, loan, residency, and other information required to complete the qualification process within two (2) weeks of notice of lottery selection.
- I have attached required copies of lease agreement(s), current utility statements and applicant's photo I.D.

Applicant

Date

Co-Applicant

Date

Return completed application with attachments to:

City of Santa Barbara- Housing & Redevelopment 630 Garden Street (2nd Floor), Santa Barbara 805-564-5461